



## SMALL BUSINESS REVITALIZATION GRANT PROGRAM

### **A. PURPOSE OF THE PROGRAM**

The purpose of the Small Business Revitalization Grant Program is to provide expanded opportunities for residents of Hana (Keanae through Kipahulu), Lana'i, and Molokai to increase their ownership, employment and income from local economic enterprises.

To accomplish this purpose, the program provides funds at no cost to coordinate and leverage its resources with those of other private sources.

### **B. ELIGIBLE ACTIVITIES**

- The program provides assistance for a broad range of business projects.
- The primary place of business must be located in the Hana area (Keanae through Kipahulu), on the islands of Lana'i or Molokai
- Priority is given to businesses, which are likely to provide increased income, ownership and employment opportunities.

### **C. ELIGIBLE APPLICANTS**

**Requirements are that an applicant:**

- Shall be a citizen of the United States of America or a legally registered alien and a resident within the grant regions of Hana, or the islands of Lana'i, or Molokai;
- Must submit a plan for the use of the funds and how it will impact the business;
- Must demonstrate the ability to fund the 40% match.
- Must have been in business long enough to file at least one federal and one state tax return.

**Applicants will be screened by the Grant Committee to determine that there is:**

- A potential for broadening the employment base for the low-income residents within the Hana area, or the islands of Lana'i or Molokai;

### **D. TERMS AND CONDITIONS OF THE GRANT**

Grant limits are:

- \$500.00 - \$5,000
- Grants will be made to Sole Proprietors, Corporations, Partnerships or LLCs with less than 10 employees. Non-profit or not-for-profit organizations are not eligible to receive this grant.

### **E. PROCESS & EXPECTATIONS**

- Applicant will present an estimate of the cost of the product or service to be purchased with this grant application.
- Provide proof of 40% match (cash and/or in-kind).
- Upon notification of award of a grant, applicant will provide an invoice showing 40% paid and amount due of 60% of purchase price to be paid by the grant.

Please contact the Lokahi Pacific office at (808) 242-5761 and ask to speak with Susie Thieman. You can also email her at [susie@lokahipacific.org](mailto:susie@lokahipacific.org) for further assistance.

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, D.C. 20250*



## SMALL BUSINESS REVITALIZATION GRANT PROGRAM –APPLICATION

1935 Main Street, Suite 204, Wailuku, HI 96793 ♦ Tel. No. (808) 242-5761 ♦ Fax No. (808) 244-2057 ♦ email: [susie@lokahipacific.org](mailto:susie@lokahipacific.org)

***Deadline: Application must be emailed, faxed, or postmarked by September 10, 2013***

**Please fill out the form completely. Put "n/a" when not applicable. Thank you.**

|   |                  |
|---|------------------|
| PURPOSE OF GRANT <input type="checkbox"/> EXPANSION <input type="checkbox"/> EQUIPMENT REPAIR OR PURCHASE | AMOUNT REQUESTED |
|---|------------------|

| PERSONAL INFORMATION   |   |                |                 |  |  |   |                |                 |  |
|--|---|----------------|-----------------|--|--|---|----------------|-----------------|--|
| <b>APPLICANT</b>   |   |                |                 |  | <b>CO-APPLICANT</b>  |   |                |                 |  |
| NAME (LAST, FIRST, MIDDLE, SUFFIX)   |   |                |                 |  | NAME (LAST, FIRST, MIDDLE, SUFFIX)   |   |                |                 |  |
| MARITAL STATUS<br><input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated   |   |                |                 |  | MARITAL STATUS<br><input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated |   |                |                 |  |
| RESIDENCE STATUS<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____  |   |                |                 |  | RESIDENCE STATUS<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____      |   |                |                 |  |
| DATE OF BIRTH  |   | PLACE OF BIRTH |                 |  | DATE OF BIRTH  |   | PLACE OF BIRTH |                 |  |
| SSN#   | RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____ |                |                 |  | SSN#   | RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____ |                |                 |  |
| HOME TELEPHONE   | BUSINESS TELEPHONE  |                | CELLPHONE       |  | HOME TELEPHONE   | BUSINESS TELEPHONE  |                | CELLPHONE       |  |
| STREET ADDRESS   |   |                | HOW LONG?       |  | STREET ADDRESS   |   |                | HOW LONG?       |  |
| CITY   |   | STATE          | ZIP             |  | CITY   |   | STATE          | ZIP             |  |
| MAILING ADDRESS, IF DIFFERENT FROM ABOVE   |   |                |                 |  | MAILING ADDRESS, IF DIFFERENT FROM ABOVE   |   |                |                 |  |
| CITY   |   | STATE          | ZIP             |  | CITY   |   | STATE          | ZIP             |  |
| PREVIOUS ADDRESS, CITY, STATE, ZIP   |   |                | HOW LONG?       |  | PREVIOUS ADDRESS, CITY, STATE, ZIP   |   |                | HOW LONG?       |  |
| DRIVER'S LICENSE NUMBER  |   | STATE          | EXPIRATION DATE |  | DRIVER'S LICENSE NUMBER  |   | STATE          | EXPIRATION DATE |  |
| NAME OF NEAREST RELATIVE NOT LIVING WITH YOU   |   |                | RELATIONSHIP    |  | NAME OF NEAREST RELATIVE NOT LIVING WITH YOU   |   |                | RELATIONSHIP    |  |
| STREET ADDRESS, CITY, STATE, ZIP   |   |                | PHONE           |  | STREET ADDRESS, CITY, STATE, ZIP   |   |                | PHONE           |  |
| SPOUSE'S NAME (LAST, FIRST, MIDDLE, SUFFIX)  |   |                |                 |  | SPOUSE'S NAME (LAST, FIRST, MIDDLE, SUFFIX)  |   |                |                 |  |
| DATE OF BIRTH  |   | PLACE OF BIRTH |                 |  | DATE OF BIRTH  |   | PLACE OF BIRTH |                 |  |
| SSN#   | RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____ |                |                 |  | SSN#   | RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____ |                |                 |  |
| <b>AUTHORIZATION TO RELEASE INFORMATION</b>  |   |                |                 |  |  |   |                |                 |  |
| <i>I/We hereby authorize the release to Lokahi Pacific any information they may require at any time for any purpose related to my/our credit transaction with them. I/We further authorize Lokahi Pacific to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them. I/We hereby certify that the enclosed information, including any attachments provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.</i> |   |                |                 |  |  |   |                |                 |  |
| APPLICANT'S SIGNATURE  |   |                |                 |  | CO-APPLICANT'S SIGNATURE   |   |                |                 |  |
| APPLICANT'S NAME   |   |                | DATE            |  | CO-APPLICANT'S NAME  |   |                | DATE            |  |





## SMALL BUSINESS REVITALIZATION GRANT PROGRAM –APPLICATION CHECKLIST

BUSINESS NAME: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

1935 Main Street, Suite 204, Wailuku, HI 96793 ♦  
Tel. No. (808) 242-5761 ♦ Fax No. (808) 244-2057 ♦  
email: [susie@lokahipacific.org](mailto:susie@lokahipacific.org)

***Thank you for your interest in the Small Business Revitalization Grant Program. Please use this checklist of documents needed to complete your application package. The County of Maui and Lokahi Pacific reserve the right to request additional documents at any time.***

|  |   |
|--|---|
| <input type="checkbox"/> 1. Small Business Revitalization Grant Program Application (including co-applicant)   | <input type="checkbox"/> 6. Business Registration   |
| <input type="checkbox"/> 2. Detailed plan for the use of the funds and how it will impact the business.  | <input type="checkbox"/> 7. G.E. Tax Filings (last 12 months)   |
| <input type="checkbox"/> 3. Estimate of total cost of your project. Funds cannot be used for payroll.  |   |
| <input type="checkbox"/> 4. Certificate of Vendor Compliance (dated within the past 6 months) from <a href="https://vendors.ehawaii.gov">https://vendors.ehawaii.gov</a> | <input type="checkbox"/> 8. Briefly explain what impact this project or equipment would have on your business with regards to increased production and sales, increase number of jobs, etc. |
| 5. Business type specific requirements:  |   |
| <input type="checkbox"/> 5.a. Sole Proprietorship:   |   |
| <input type="checkbox"/> Personal FEDERAL Tax Return for the last year.  |   |
| <input type="checkbox"/> Current (no more than 90 days) Personal Financial Statement   |   |
| <input type="checkbox"/> 5.b. Partnership:   |   |
| <input type="checkbox"/> Partnership Agreement   |   |
| <input type="checkbox"/> Current (no more than 90 days) Personal Financial Statement for all partners  |   |
| <input type="checkbox"/> 5.c. Corporation:   |   |
| <input type="checkbox"/> Corporate FEDERAL Tax Returns for the last year   |   |
| <input type="checkbox"/> Principal Stockholders (20%) Tax Returns for the last year  |   |
| <input type="checkbox"/> Incorporation Documents   |   |
| <input type="checkbox"/> Corporate By-Laws   |   |
| <input type="checkbox"/> Current (no more than 90 days) Personal Financial Statements for all Stockholders   |   |
| <input type="checkbox"/> 5.d. LLC  |   |
| <input type="checkbox"/> Articles of Organization  |   |
| <input type="checkbox"/> Personal FEDERAL Tax Returns for the last year for all members  |   |
| <input type="checkbox"/> Current (no more than 90 days) Personal Financial Statement for all members   |   |

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